

GRANTOR'S ADDRESS:

6345 Tulane Road
Horn Lake, MS 38637
Hm. Phone: 662-393-2751
Wk. Phone: NA

GRANTEE'S ADDRESS:

8696 Craft Road
Olive Branch, MS 38654
Hm. Phone: 662-895-0623
Wk. Phone: NA

File No. 15117.22680

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
IN BLACK INKFILING
DATE JUL 29 1992CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER 123

1. NAME First Middle Last Eugene Berthay	2. SEX Male	3a. HOUR OF DEATH 11:45 a.m.	3b. DATE OF DEATH (Month, Day, Year) June 17, 1992												
				4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 62 Years	5b. MOS 62	5c. DAYS 62	5d. HOURS 62	5e. MINS 62	6. DATE OF BIRTH (Month, Day, Year) July 22, 1929	7a. COUNTY OF DEATH Desoto				
												7b. CITY OR TOWN OF DEATH Horn Lake	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (if not in either, give street address, route number or other location) Residence	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM OR DCA	8. STATE OF BIRTH MS
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 426-56-1253	15a. USUAL OCCUPATION (Kind of work done, most of working life) Upholsterer	15b. KIND OF BUSINESS OR INDUSTRY Manufacturing												
				16a. RESIDENCE - STATE MS	16b. COUNTY Desoto	16c. CITY OR TOWN Horn Lake	16d. INSIDE CITY LIMITS (Specify Yes or No) No	16e. STREET AND NUMBER OR RURAL LOCATION 6345 Tulane Road							
17. FATHER - NAME First Middle Last W. D. Berthay	18. MOTHER - NAME First Middle Maiden Jeddie Roberts														
		19a. INFORMANT - NAME (Type or print) Janie Berthay	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6345 Tulane Road Horn Lake, MS 38637												
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY - NAME McNeil			20c. LOCATION (City and State) Sherman, MS	21a. EMBALMER - SIGNATURE AND NUMBER James Hawley 7/24/92										
		21b. FUNERAL HOME - NAME AND MISSISSIPPI I.D. NUMBER United Funeral Service 730	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 810 New Albany, MS 38652												
22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Jeffery Pounders Desoto CMEI	22b. PRONOUNCED DEAD (Month, Day, Year) 6/17/1992			22c. PRONOUNCED DEAD (Hour) AT 11 m.											
		23a. CERTIFIER - NAME (Type or print) Jeffery Pounders	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651												
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders MD 24b. DATE SIGNED (Month, Day, Year) 7/20/1992 24c. STATE LICENSE NUMBER	24e. On the basis of examination and/or investigation in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders Desoto CMEI 24f. DATE SIGNED (Month, Day, Year) 7/20/1992														
		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Cancer Of Liver Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death	26. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes										
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) INVESTIGATION, OR UNDETERMINED	29b. DATE OF INJURY (Month, Day, Year)					29c. HOUR OF INJURY m	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED								
		29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office, building, etc.)	29g. LOCATION Street or route number City or town State											

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Alton B. Cobb, M.D.
STATE HEALTH OFFICER

July 30, 1992

David Lohrlich
STATE REGISTRAR

WARNING:

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EXHIBIT

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